

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

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CLAIMANT'S NAME Herb Schultz			SSN or EMPLOYEE NUMBER*			DEPARTMENT Governor's office		
POSITION Director, CA Recovery Task Force			CB/ID No.			DIVISION or BUREAU		
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY ...			STATE ...			ZIP CODE ...		
CITY Sacramento			STATE CA			ZIP CODE 95814		

(1) NORMAL WORK HOURS
0800-1700

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR Mar 2010		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
5	0715	Los Angeles			12.00		317.40	A	9.00		0.00	5.40	343.80	
8	1700	Los Angeles					27.56	RC			0.00		27.56	
24	1323	Sacramento							2.50		0.00		2.50	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	12.00	0.00	0.00	344.96		11.50	0.00	0.00	5.40	373.86
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

352.86

3373.86

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

March 5: Purpose of Trip: Committee on Oversight and Government Reform and its Subcommittee on Government Management, Organization and Procurement

(10-C): Sacramento Airport Parking -- 1 day

(11): Fuel for Rental Car -- 1 day

March 24: Business Lunch with Aaron Carruthers - CDCR

(10-C): Parking expense

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240001

(15) I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by

CL

DATE

04/20/10

(16) SIGNATURE

[Signature]

DATE

4/27/10

DATE

(See Item 17 on reverse)